2329-0109PU	S 1
torney Docket No	

## BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

	that I verily believe that inventor (if plural inve- invention entitled:							
Insert Title:	A method and device	for continuous p	rocess of transestenfic	ation of carbox	ylic acid esters in super	critical monovale	nt alcohol	
Fill in Appropriate								
Information -								
For Use Without	United States Appl	ication Number					as	
Specification	and amended on _					(if applicable	e) and/or	
Attached:	the specification wa	s filed on	February	02, 2005		( uppdcubit	as PCT	
	menadoral Appli	cadon Number	PCT/EE2	005/000003	·		and:was	
	and the on					(if ap	plicable)	
Insert Priority	I acknowledge the Regulations, \$1.56.  I do not know and thereof, or patented or eyear prior to this application, date of this application representative or assign patent or inventor's cert application by me or my I hereby claim forei or inventor's certificate li a filing date before that o Prior Foreign Applica	duty to disclosed to not believe the lescribed in any ation, that the sethat the invention in any countres more than two ficate on this in legal representagn priority benested below and of the application (s)	to information which is information which it is same was ever know printed publication in ame was not in public on has not been paten y foreign to the Unit elve months (six month vention has been filed tives or assigns, except fits under Title 35, University in the last of the interest of the signal has also identified the last of the interest of t	n or used in the any country I use or on sale ed or made the States of A is for designs) in any country as follows.	America on an applica prior to this application of foreign to the United	in Title 37, Co rica before my or tion thereof or n f America more 's certificate issu- tion filed by m n, and that no a States of Americ	de of Federal our invention ore than one than one year ted before the e c my legal pplication for a prior to this n(s) for patent tificate having	
Information:	P200400060	Estonia		February 2	25, 2004	X		
(if appropriate)	(Number)	(Country)		(Month/D.	ay/Year Filed)	Yes	No	
						-	_	
	(Number)	(Country)	• .	(Month /I)	ay/Year Filed)		Ö	
		·		(Mondiy Da	ay/ icar rued)	Yes	No	
	<u> </u>	<del></del>			<u> </u>			
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	(Number)	(Country)	<u> </u>	(Month /D	ay/Year Filed)	Ö		
	, ,	,				Yes	No	
	I hereby claim the benefit	under Title 35,	United States Code, §11	9(e) of any Un	nited States provisional a	applications(s) lis	sted below.	
				-	•			
Insert Provisional Application(s): (if any)	(Application Number)	· · · · · ·		(Filing I	Date)			
	(Application Number)			(Filing I	Date)	<del></del>		
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
Insert Requested	Country	A	Application Number		Date of Filing (Month	/Day/Year)		
Information: (if appropriate)		<u>.</u>		*				
	I hereby claim the benefit continuation-in-part appli disclosed in the prior Unit Code, §112, I acknowled Federal Regulations, §1.5 international filing date of	ed States and/o ge the duty to o 6 which becam	r PCT application in the lisclose information when a e available between the	e manner provise is materia	vided by the first paragr	ms of this applications applied the second s	ation is not Inited States	
nsert Prior U.S. Application(s): if any)	(Application Number)		iling Date)	<del></del>	(Status - patented, per	nding, abandone	<u>d)</u>	
rage 1 ut <u>2</u> Rev. 07/2003)	(Application Number)		iling Date)	<del></del>	(Status - patented, per	nding, abandone	<u>d)</u>	

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Attorney	Docket No.
THOTHER	DUCKET NO.

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the

Send Correspondence to:

FOLLOWING:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: Insert Name of	GIVEN NAME/FAMILY NAME	INVENTORS SIGNATURE		DATE*
Full Mame of First or Sole Inventor: Insert Name of Inventor — Insert Date This Document is Signed	Toomas KAEVAND			21.08.2006
Insert Residence Insert Citizenship>	Residence (City, State & Country) Tallinn, Estonia, EE		CITIZENSHI Estonia	P
Insert Post Office	MAILING ADDRESS (Complete Street Add	Iress including City State & Country	Lotollia	
	Õle 35, 10319 Tallinn, Estonia,			
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	MAILING ADDRESS (Complete Street Add	lress including City, State & Country)		
Full Name of Third Inventor, if any; see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country)		CITIZENSHII	P
	MAILING ADDRESS (Complete Street Add	ress including City, State & Country)		
full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country)		CITIZENSHIF	
	MAILING ADDRESS (Complete Street Addr	ress including City, State & Country)		
ull Name of Fifth Invertor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country)		CITIZENSHIP	
	MAILING ADDRESS (Complete Street Address)	ess including City, State & Country)	<u> </u>	
dl Name of South Inventor, if any: we above	GIVEN.NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country)		CITIZENSHIP	
	MAILING ADDRESS (Complete Street Addre	ess including City, State & Country)		
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Page 2 of 2 (Rev. 07/2003)